



Substance Abuse and Mental Health Services Administration
SAMHSA
 www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)



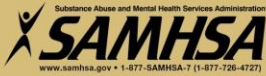
Behavioral Health is Essential To Health





Prevention Works

Treatment is Effective

People Recover

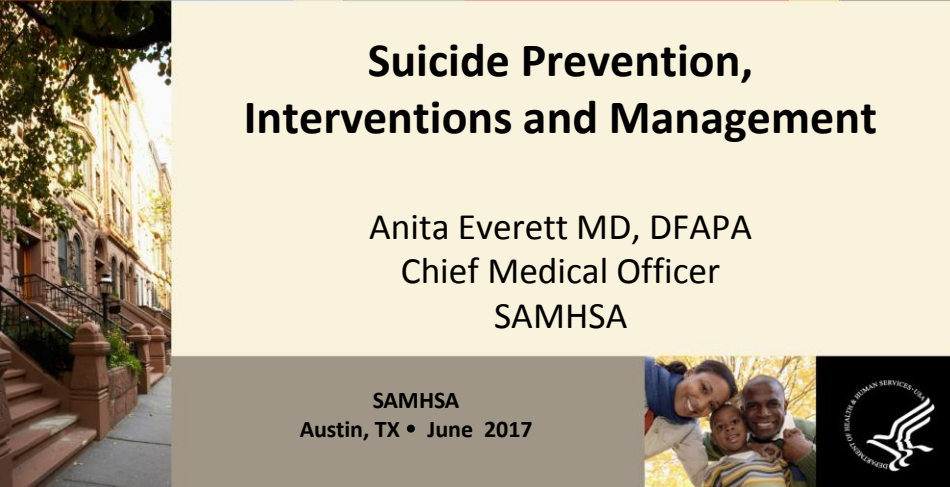


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Suicide Prevention, Interventions and Management

Anita Everett MD, DFAPA
 Chief Medical Officer
 SAMHSA



SAMHSA
 Austin, TX • June 2017



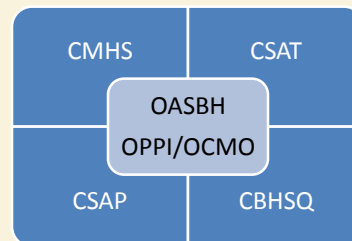
Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS).

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About SAMHSA

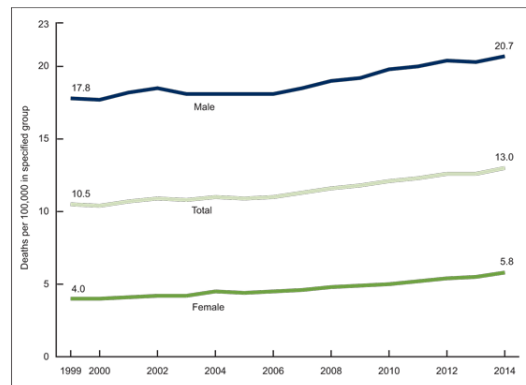
- One of several agencies in the HHS family of agencies
- The 21st Century Cures Act (Dec 2016) elevated SAMHSA leadership to the Assistant Secretary level
- Activities: Block grant, grants and contracts, congressionally mandated
- General organization:



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US Suicide Rates are Rising

Figure 1. Age-adjusted suicide rates, by sex: United States, 1999–2014



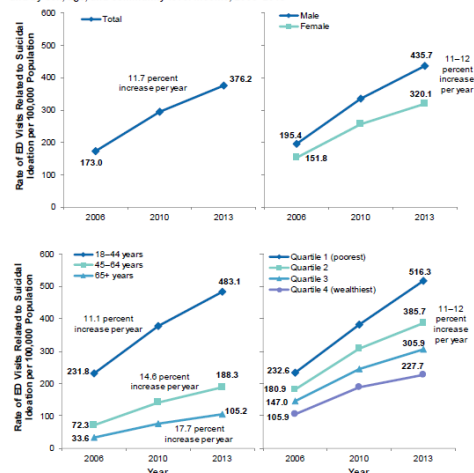
NOTES: Suicide deaths are identified with codes U03, X60–X84, and Y87.0 from the *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision*. [Access data table for Figure 1](#).

SOURCE: NCHS, National Vital Statistics System, Mortality.

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Rates of ED visits with Suicidal Ideation

Figure 1. Population-based rates of ED visits related to suicidal ideation among adults: overall and by sex, age, and community-level income, 2006–2013

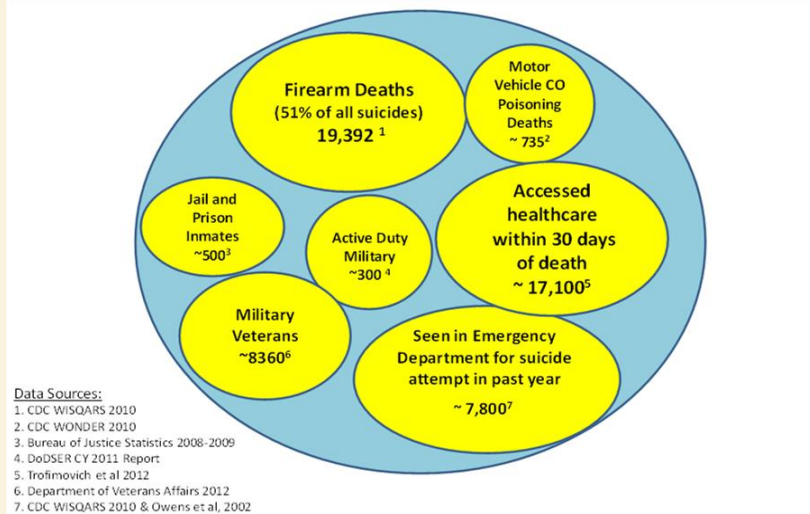


SAMHSA resources:

- Toolkit
- Children
- Adults
- SUD
- College Campus
- American Indian Resources

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Deconstructing Suicide Deaths in the U.S.

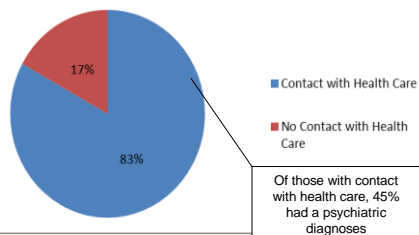


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You can't fix what you can't measure....

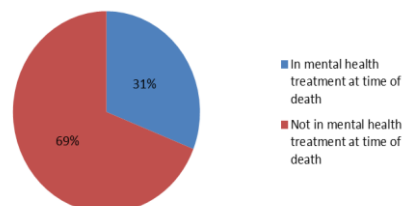
Perhaps a third of all suicide decedents accessed care prior to death, but few U.S. health care systems track suicide outcomes.

Mental Health Research Network Report
(within 12 months of suicide death)



Ahmedani BK et al (2014). Health care contacts in the year before suicide death. *Journal of General Internal Medicine*, online Feb 25. DOI: 10.1007/s11606-014-2767-3.

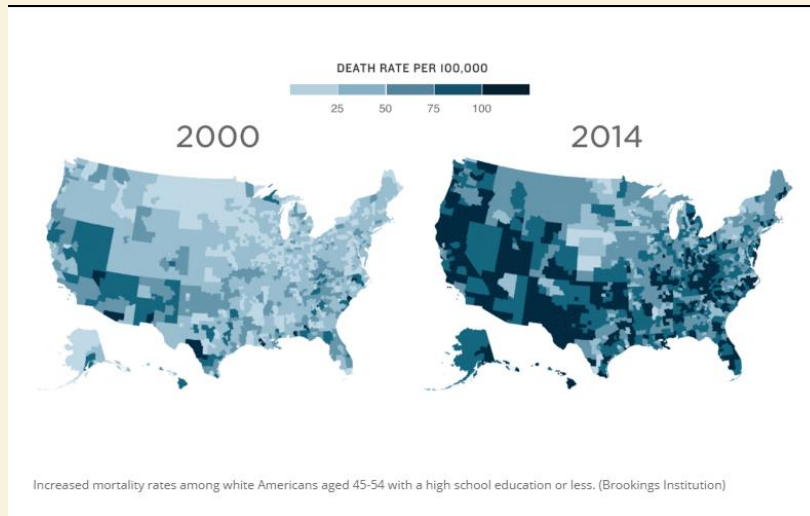
Suicide Decedents from NVDRS States



Karch, DL, Logan, J, McDaniel, D, Parks, S, Patel, N, & Centers for Disease Control and Prevention (CDC). (2012). Surveillance for violent deaths—national violent death reporting system, 16 states, 2009. *Morbidity and Mortality Weekly Report. Surveillance Summaries* (Washington, DC: 2002), 61(6), 1-43.

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Special Note: Deaths of Despair



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Recent Focus: Zero Suicide

→ “We want to make healthcare Suicide Safe”

zerosuicide.sprc.org/toolkit

Apps SAMHSA Work New Tab

CONTACT US LOGIN Suicide Prevention Lifeline 1-800-273-TALK (8255)

ZEROSuicide
IN HEALTH AND BEHAVIORAL HEALTH CARE

HOME ABOUT RESOURCES ORGANIZATIONAL SELF-STUDY WORKFORCE SURVEY

Toolkit Champions Get Involved

Search

Home - Toolkit

Welcome to the Zero Suicide Toolkit

Watch Mike Hogan, co-lead of the Zero Suicide Advisory Group, describe Zero Suicide. And read the Quick Guide, in the Tools below, for 10 steps to beginning a Zero Suicide initiative.

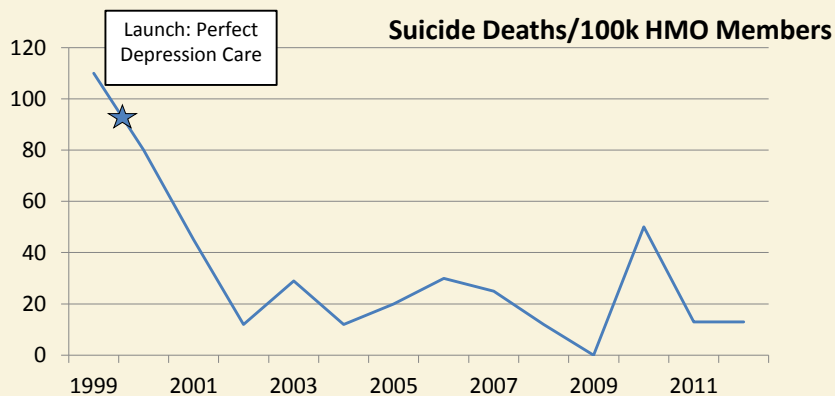
10

Zero Suicide...

- Makes suicide prevention a core responsibility of health care.
- Applies new knowledge and tools for suicide care.
- Supports efforts to humanize crisis and acute care.
- Is a systematic approach in health systems, not “the heroic efforts of crisis staff and individual clinicians.”
- Is embedded in the Joint Commission Sentinel Event Alert and the National Strategy for Suicide Prevention (NSSP).

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A System-Wide Approach Saved Lives: Henry Ford Health System



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Reducing Suicide

Utah:

- Reversed an alarming increasing trend
- Part of Medicaid Improvement Plan
- In their legislative suicide prevention report they state "we are committed to becoming a Zero Suicide System of Care"

Utah department of
human services
SUBSTANCE ABUSE AND MENTAL HEALTH
State Suicide Prevention Programs
FY 2015 Report

Centerstone:

- Nation's largest provider of community-based behavioral healthcare
- Tennessee saw a 64% reduction in suicides in the first 10 months of using the C-SSRS.


CENTERSTONE

The Marines:

- Helped lead to a 22% reduction in suicides in 2014
- Top-down rollout at 14 Marine Bases and training for all support staff
- Lowest suicide rate of any branch of the armed forces


MarineTimes
A GANNETT COMPANY

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Joint Commission Sentinel Event Alert 56: Detecting and Treating Suicide Ideation in All Settings



"The suggested actions in this alert cover suicide ideation detection, as well as the screening, risk assessment, safety, treatment, discharge, and follow-up care of at-risk individuals. Also included are suggested actions for educating all staff about suicide risk, keeping health care environments safe for individuals at risk for suicide, and documenting their care."

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Best Practices in Suicide Care for Health Care Systems and Providers

Virna Little, PsyD, LCSW-r, MBA, CCM, SAP

*Senior Vice President Psychosocial
Services/Community Affairs*

The Institute for Family Health

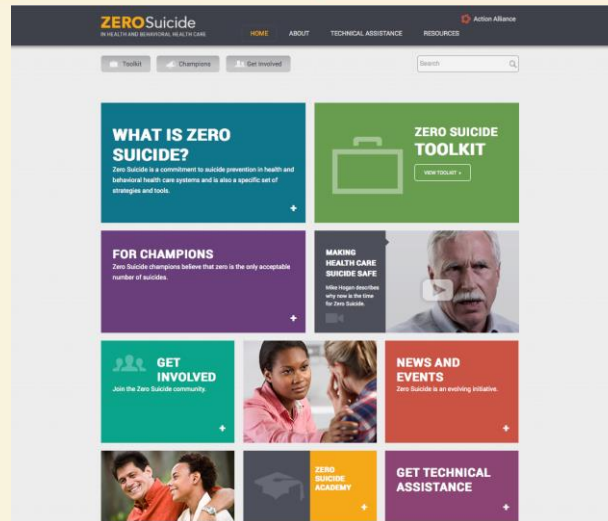
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#ZeroSuicide
@ZSinstitute

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Zero Suicide Website



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Zero Suicide is...

- Embedded in the *National Strategy for Suicide Prevention* and *Joint Commission Sentinel Event Alert #56*.
- A focus on error reduction and safety in health care.
- A framework for systematic, clinical suicide prevention in behavioral health and health care systems.
- A set of best practices and tools including www.zerosuicide.com

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2012 National Strategy for Suicide Prevention:

GOALS AND OBJECTIVES FOR ACTION

- A report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention
- GOAL 8: Promote suicide prevention as a core component of health care services.
- GOAL 9: Promote and implement effective clinical and professional practices for assessing and treating those at risk for suicidal behaviors.

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Joint Commission Sentinel Event Alert 56: *Detecting and Treating Suicide Ideation in All Settings*



"The suggested actions in this alert cover suicide ideation detection, as well as the screening, risk assessment, safety, treatment, discharge, and follow-up care of at-risk individuals. Also included are suggested actions for educating all staff about suicide risk, keeping health care environments safe for individuals at risk for suicide, and documenting their care."

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Suicide and Health Care Settings

- 45% of people who died by suicide had contact with primary care providers in the month before death.
- 19% of people who died by suicide had contact with mental health services in the month before death.
- South Carolina: 10% of people who died by suicide were seen in an emergency department in the two months before death.

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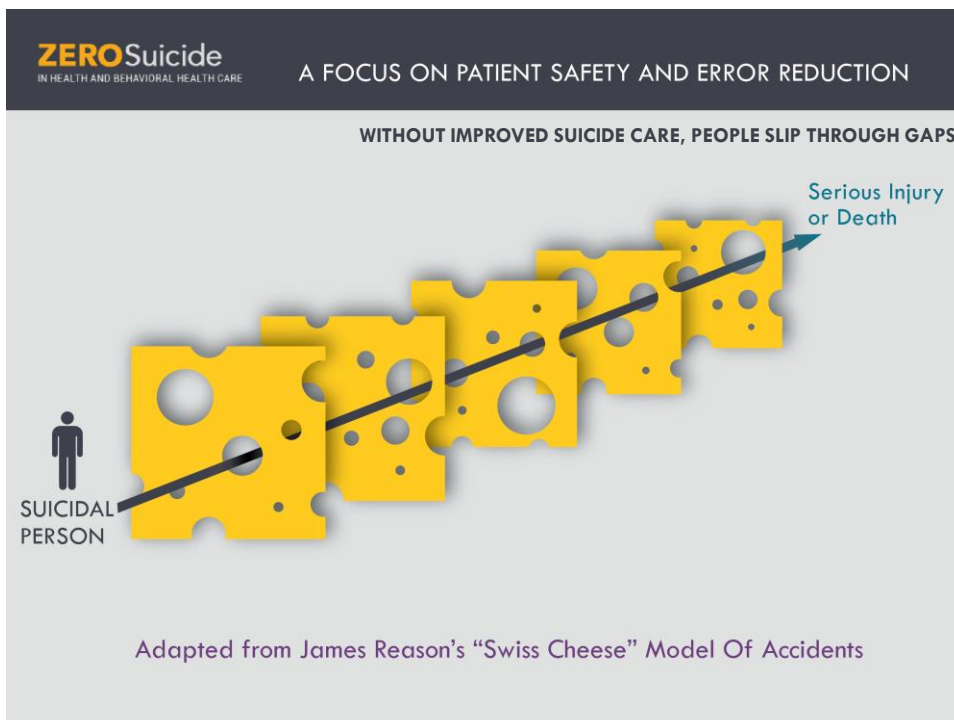
LEAD

LEAD TRAIN IDENTIFY ENGAGE TREAT TRANSITION IMPROVE

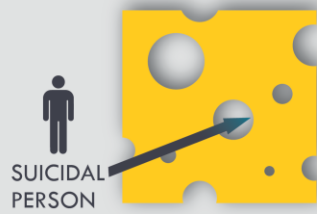
Leadership Commitment and Culture Change

- Leadership makes an explicit commitment to reducing suicide deaths among people under care and orients staff to this commitment.
- Organizational culture focuses on safety of staff as well as persons served; opportunities for dialogue and improvement without blame; and deference to expertise instead of rank.
- Attempt and loss survivors are active participants in the guidance of suicide care.

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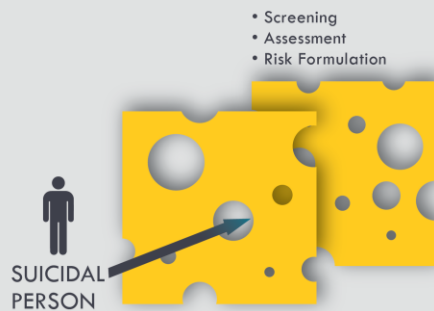


THE TOOLS OF ZERO SUICIDE FILL THE GAPS

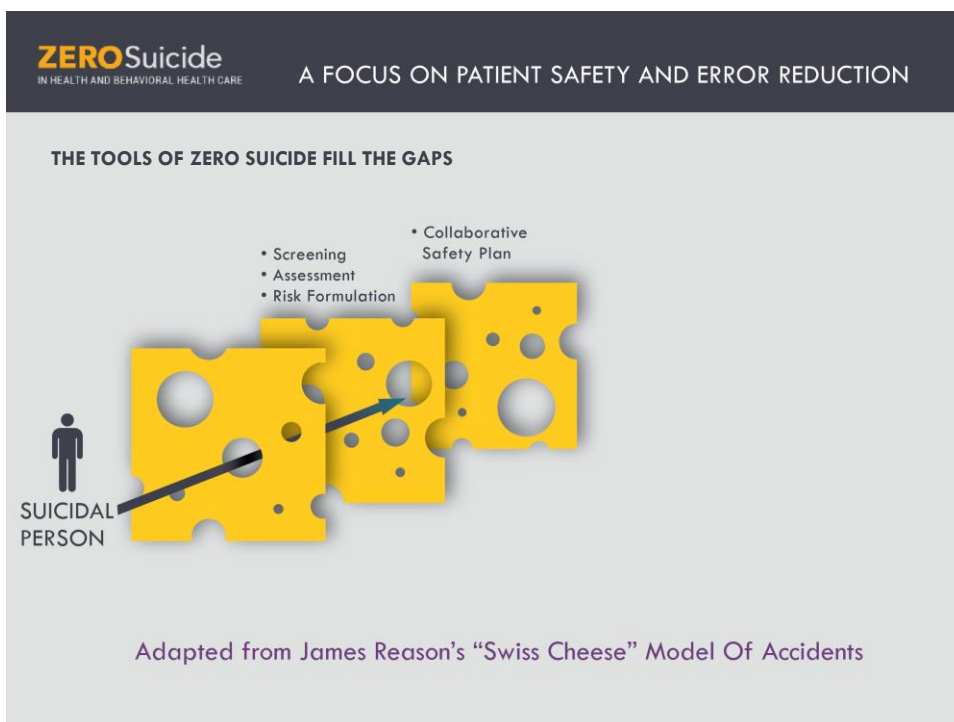
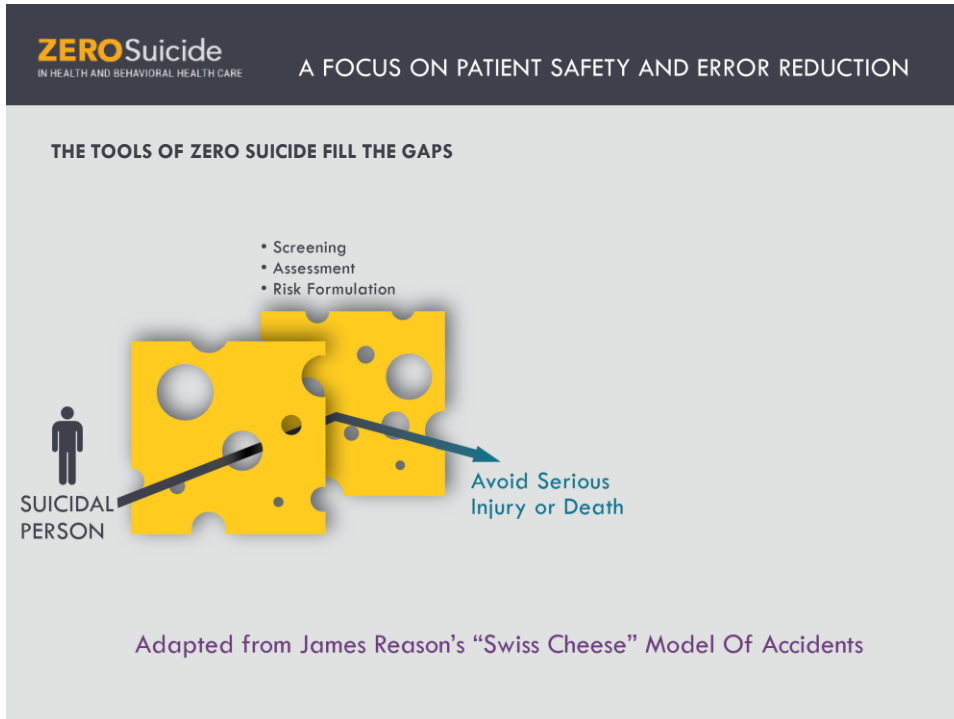


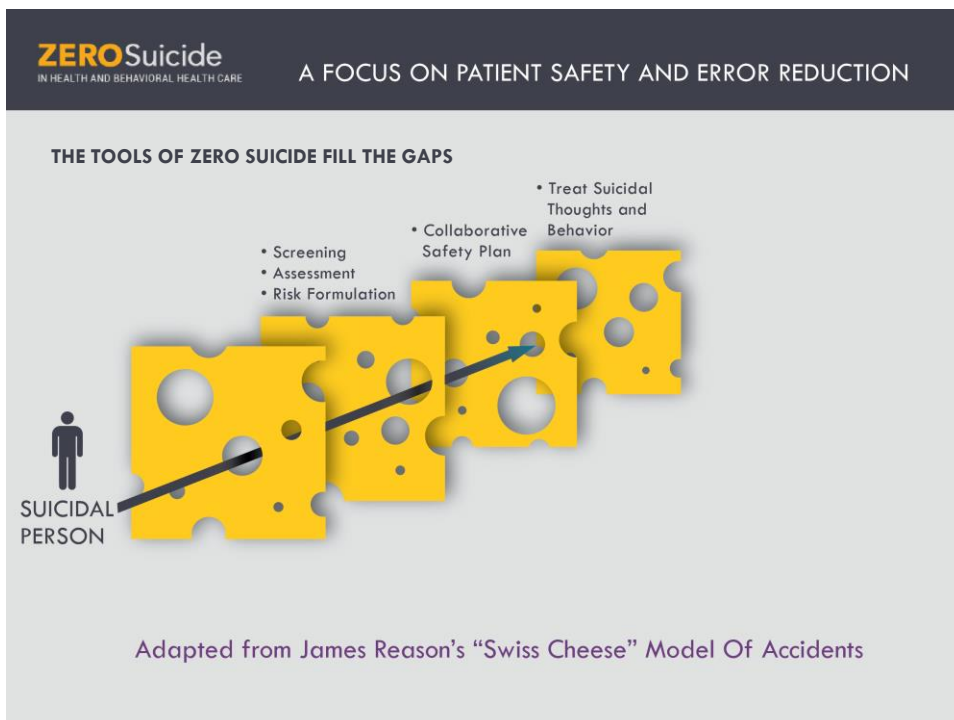
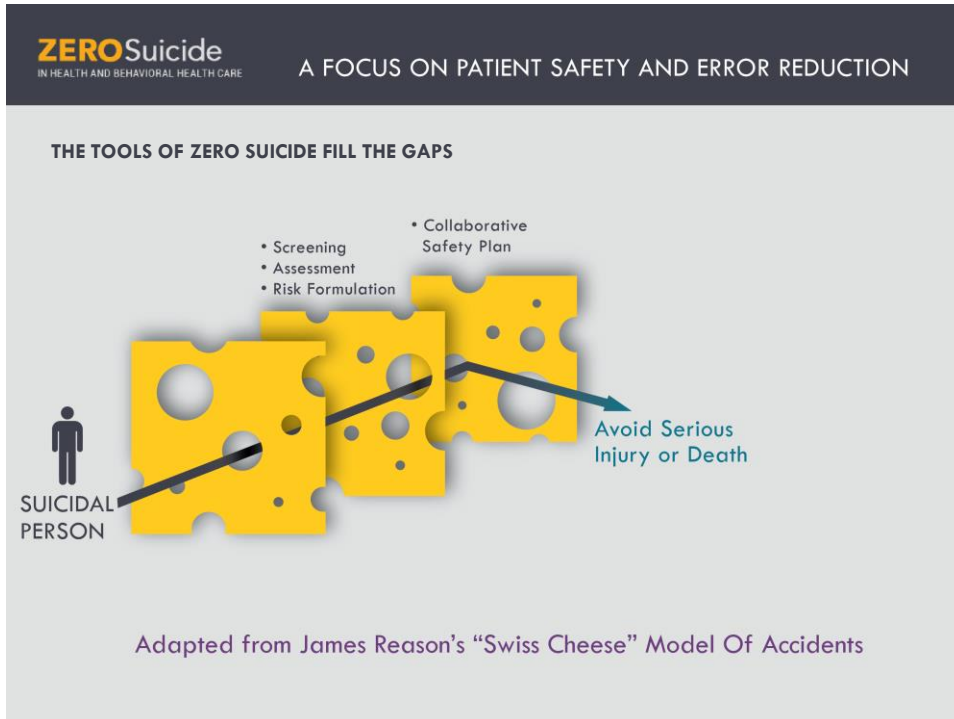
Adapted from James Reason's "Swiss Cheese" Model Of Accidents

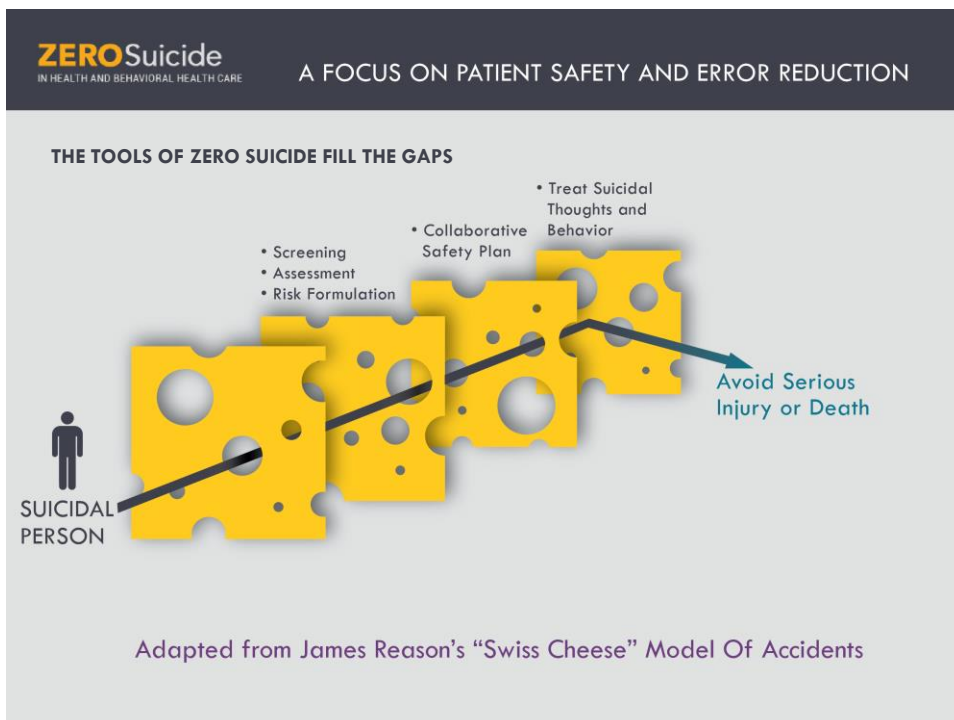
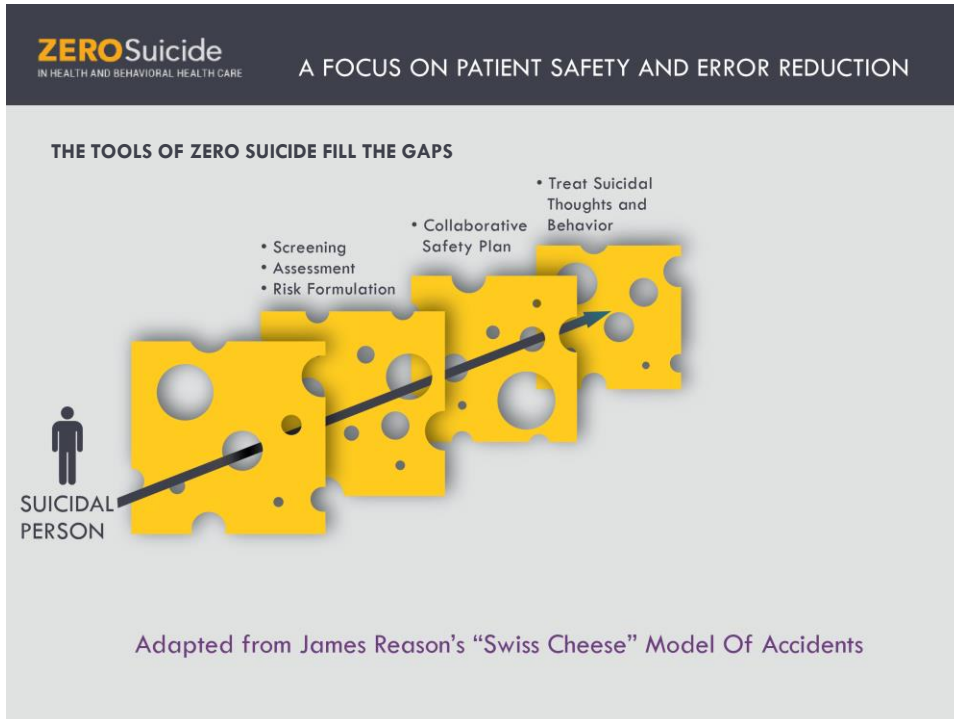
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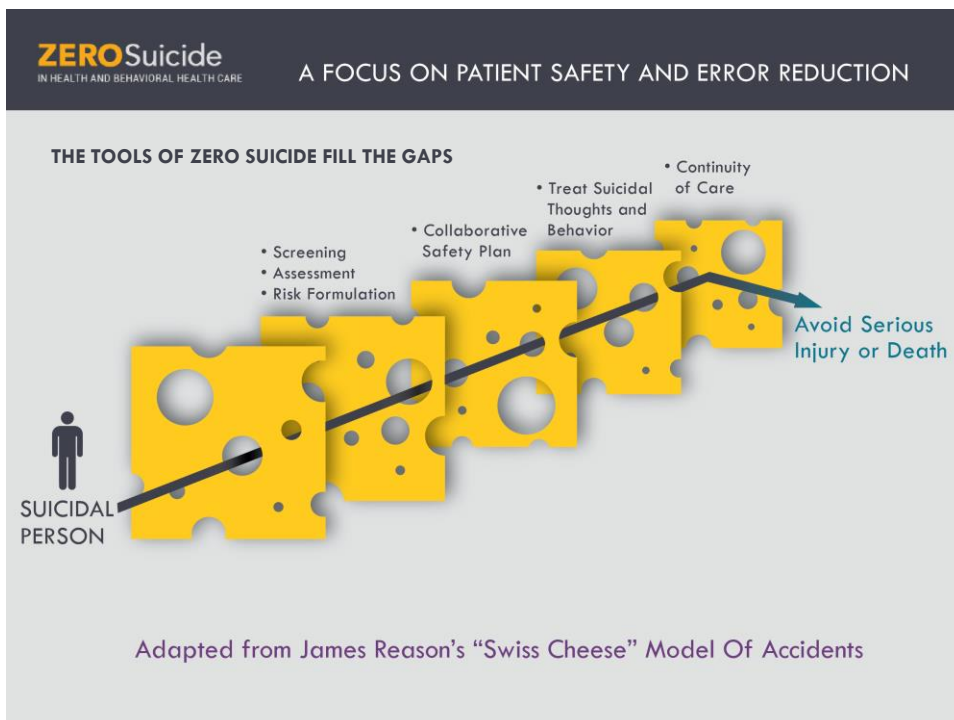
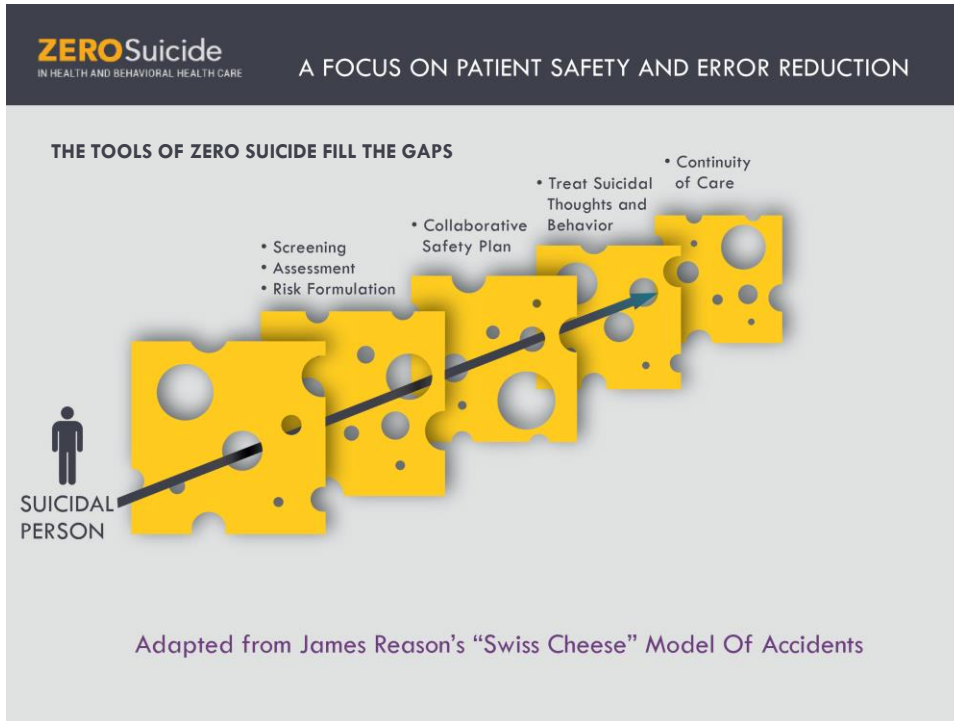


Adapted from James Reason's "Swiss Cheese" Model Of Accidents









What is Different in Zero Suicide?

- Suicide prevention is a core responsibility of health care
- Applying new knowledge about suicide and treating it directly
- A systematic clinical approach in health systems, not “the heroic efforts of crisis staff and individual clinicians.”

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IMPROVE

LEAD TRAIN IDENTIFY ENGAGE TREAT TRANSITION IMPROVE

Quality Improvement and Evaluation

- Suicide deaths for the population under care are measured and reported on.
- Continuous quality improvement is rooted in a just safety culture.
- Fidelity to the Zero Suicide model is examined at regular intervals.

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LEAD

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Screening and Assessment

- Screen specifically for suicide risk, using a standardized screening tool, in any health care population with elevated risk.
- Screening concerns lead to immediate clinical assessment by an appropriately credentialed, “suicidality savvy” clinician.

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PHQ-9

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?
(use “✓” to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

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PHQ-9, Item 9

9. Over the last two weeks, how often have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?

- Not at all
- Several days
- More than half the days
- Nearly every day

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Columbia - Suicide Severity Rating Scale (Screening Version)

In the past month

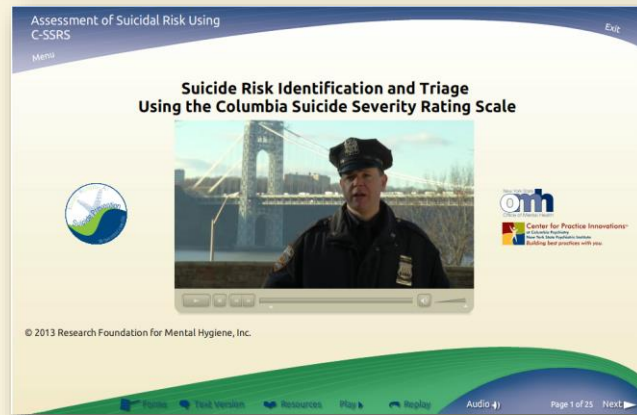
1. Have you wished you were dead or wished you could go to sleep and not wake up?
2. Have you actually had any thoughts of killing yourself?

If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.

3. Have you been thinking about how you might kill yourself?
4. Have you had these thoughts and had some intention of acting on them?
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?

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Resource: Using the C-SSRS



Access at: www.zerosuicide.com

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Safety Planning and Means Restriction

- ➔ All persons with suicide risk have a safety plan in hand when they leave care that day.
- Safety planning is collaborative and includes:
 - » aggressive means restriction
 - » communication with family members and other caregivers
 - » regular review and revision of the plan

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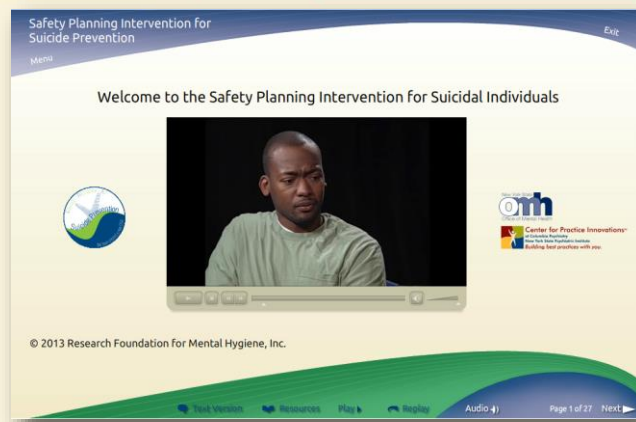
Safety Planning Intervention (Stanley & Brown)

1. Warning signs
2. Internal distraction
3. External distraction
4. Social support
5. Professional support
6. Means reduction

SAFETY PLAN	
Step 1: Warning signs:	
1.	_____
2.	_____
3.	_____
Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person:	
1.	_____
2.	_____
3.	_____
Step 3: People and social settings that provide distraction:	
1.	Name _____ Phone _____
2.	Name _____ Phone _____
3.	Place _____
4.	Place _____
Step 4: People whom I can ask for help:	
1.	Name _____ Phone _____
2.	Name _____ Phone _____
3.	Name _____ Phone _____
Step 5: Professionals or agencies I can contact during a crisis:	
1.	Clinician Name _____ Phone _____
	Clinician Pager or Emergency Contact # _____
2.	Clinician Name _____ Phone _____
	Clinician Pager or Emergency Contact # _____
3.	Suicide Prevention Lifeline: 1-800-273-TALK (8255)
4.	Local Emergency Service _____
	Emergency Services Address _____
	Emergency Services Phone _____
Making the environment safer:	
1.	_____
2.	_____
<small>From Stanley, B. & Brown, G.K. (2011). Safety planning intervention: A brief intervention to mitigate suicide risk. <i>Cognitive and Behavioral Practice</i>, 19, 205-204.</small>	

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Resource: Safety Planning Intervention



Access at: www.zerosuicide.com

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Lethal Means Restriction

- Means restriction included on all safety plans
- Contacting family to confirm removal of lethal means is required, standard practice
- Training provided to staff
- Means restriction recommendations reviewed regularly

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Resource: Counseling on Access to Lethal Means



Access at: www.zerosuicide.com

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LEAD

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Effective, Evidence-Based Treatment

Care directly targets and treats suicidality and behavioral health disorders using effective, evidence-based treatments.

Discussion at Tables

- What is the general approach to providing evidence-based treatment for suicide in your organization?
- What type of training does staff receive on how to develop a collaborative safety plan?
- What type of training does clinical staff receive on means restriction?
- Where do you see room for improvement in your training practices?

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LEAD

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Resources and Support

- Listserv: <http://zerosuicide.sprc.org/get-involved>
- Implementation Toolkit: ZeroSuicide.com
- Organizational Self-Study:
- <http://zerosuicide.sprc.org/what-organizational-self-study>
- nowmatters.now.org

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Thank You!

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240/276-2001

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